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## \*BIBDATASHEET\*

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CONFIRMATION NO. 8223

SERIAL NUMBER 10/677,593	FILING OR 371(c) DATE 10/02/2003 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 2804-J
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/628,126 07/28/2000 PAT 6,667,039  
which is a DIV of 09/079,785 05/15/1998 PAT 6,143,869  
which is a DIV of 08/580,014 12/20/1995 PAT 5,753,203  
which is a DIV of 08/225,989 04/12/1994 PAT 5,480,981  
which is a CIP of 07/966,775 10/27/1992 ABN  
which is a CIP of 07/907,224 07/01/1992 ABN  
which is a CIP of 07/899,660 06/15/1992 ABN  
which is a CIP of 07/892,459 06/02/1992 ABN  
which is a CIP of 07/889,717 05/26/1992 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED STATES OF AMERICA PCT/US93/04926 05/25/1993

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>SPH</i>	Initials			

## ADDRESS

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## TITLE

CD 30 ligand

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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